	Reserved for Ir ment Use	nsurance			Date	<b>Alabama</b>		
			-		W IN AE (NCC	ORKERS COMPENSATION SURER RATE FILING DOPTION OF I AL-2020-3 DSS COSTS EFERENCE FILING ADOP	)	
1.	INSURER N	IAME						
	Hartford Fire In	surance Company						
	ADDRESS	One Hartford Plaza						
		Hartford, CT 06155						
		,						
	DEDSON DI	ESPONSIBLE FOR FILING	Anna Dilas	Janu.				
			Anne biloo					
	TITLE Pricing Consultant TELEPHONE # 860 547 6783							
2.	INSURER NAIC # 19682							
3.	ADVISORY ORGANIZATION National Council on Compensation Isurance							
4.	ADVISORY	ORGANIZATION REFEREN	NCE FILIN	NG # AL-20	)10-3			
5.	The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.							
	The insurer's rates will be the combination of the prospective loss costs and the loss cost multipliers and Expense constants specified in the attachments.							
6.	·	DSED RATE LEVEL CHANG		-2.4%		EFFECTIVE DATE	3/1/2011	
0.		OSED PREMIUM LEVEL CH		-2.4%	_	EFFECTIVE DATE	3/1/2011	
	C. PROPC	SED LOSS COST MULTIP	LIER	1.472	_	EFFECTIVE DATE	3/1/2011	
7.	PRIOR RAT	E LEVEL CHANGE	-4.0		_%	EFFECTIVE DATE	3/1/2010	
8.	8. ATTACH "SUMMARY OF SUPPORTING INFORMATION FORM." (Use a separate Summary for each insurer-selected loss cost multiplier.)							
will be and ex date of	The insurer ons of the advithe combination pense constant the advisory of	E OF THE FOLLOWING: hereby files to have its loss of isory organization's prospect of the advisory organization's to specified in the attachments. Irganization's prospective attack dvisory organization's prospect	tive loss of prospective The rates numents. The	costs for thing the loss costs will apply to the rates will	is line s and to polic apply	of insurance. The insurance insurer's loss cost multiplies written on or after the eto policies written on or after	rer's rates pliers ffective er the	

☐ The insurer hereby files to have its loss cost multipliers and expense constants be applicable only to

by the Commissioner, or amended or withdrawn by the insurer.

the above ( \_\_\_\_\_\_) Reference Filing.

## The insurer hereby files to have its loss cost multipliers and expense constants be applicable only to the above ( \_\_\_\_\_\_\_) Reference Filing.

date of the advisory organization's prospective attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved

by the Commissioner, or amended or withdrawn by the insurer.

## The insurer hereby files to have its loss cost multipliers and expense constants be applicable only to the above ( \_\_\_\_\_\_\_) Reference Filing.

date of the advisory organization's prospective attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved

by the Commissioner, or amended or withdrawn by the insurer.

## revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer.

☐ The insurer hereby files to have its loss cost multipliers and expense constants be applicable only to the above ( \_\_\_\_\_\_) Reference Filing.

date of the advisory organization's prospective attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved

The insurer hereby files to have its loss cost multipliers and expense constants be applicable only to

by the Commissioner, or amended or withdrawn by the insurer.

the above ( ) Reference Filing.

Space Reserved for Insurance Department Use		Alabama				
		Date 12/17/2010				
				WO INS ADO ( NCCI /	PRICE OF THE PROPERS OF THE PROPERTY OF THE PR	)
1.	INSURER N	AME nsurance Company				
	ADDRESS	One Hartford Plaza				
		Hartford, CT 06155				
	PERSON RE	ESPONSIBLE FOR FILING A	Anne Bilodeau			
	TITLE Pricin	ng Consultant	TE	LEPHON	NE # <u>860 547 6783</u>	
2.	INSURER N	AIC # 29459				
3.	ADVISORY	ORGANIZATION National Coun	ncil on Compensation	Isurance		
4.	ADVISORY	ORGANIZATION REFERENC	CE FILING # AL-	2010-3		
5.	The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.					
		s rates will be the combination e constants specified in the att		/e loss c	osts and the loss cost n	nultipliers
6.	A. PROPC	SED RATE LEVEL CHANGE	-2.4%		EFFECTIVE DATE	3/1/2011
		SED PREMIUM LEVEL CHA			EFFECTIVE DATE	3/1/2011
	C. PROPC	SED LOSS COST MULTIPLI	ER <u>1.635</u>	_	EFFECTIVE DATE	3/1/2011
7.	PRIOR RAT	E LEVEL CHANGE	-4.0	%	EFFECTIVE DATE	3/1/2010
8.		UMMARY OF SUPPORTING rate Summary for each insure			plier.)	
will be and ex date of effective	The insurer lons of the advite combination pense constant the advisory of the date of the advited the advisory of the advisory	E OF THE FOLLOWING: hereby files to have its loss co isory organization's prospective n of the advisory organization's p ts specified in the attachments. T rganization's prospective attachments dvisory organization's prospective or amended or withdrawn by the	ve loss costs for to rospective loss cost for the rates will apply nents. The rates we loss costs. This a	his line on the topolicie to be selected in the term of the term o	of insurance. The insur re insurer's loss cost multip es written on or after the ef to policies written on or after	er's rates bliers fective er the

☐ The insurer hereby files to have its loss cost multipliers and expense constants be applicable only to

the above ( \_\_\_\_\_\_\_) Reference Filing.

The insurer hereby files to have its loss cost multipliers and expense constants be applicable to future revisions of the advisory organization's prospective loss costs for this line of insurance. The insurer's rates will be the combination of the advisory organization's prospective loss costs and the insurer's loss cost multipliers and expense constants specified in the attachments. The rates will apply to policies written on or after the effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved by the Commissioner, or amended or withdrawn by the insurer.

The insurer hereby	files to have its loss cost multip	liers and expense	constants be	applicable only to
the above (	) Reference Filin	ე.		

	Reserved for Ir ment Use	nsurance			Date	<b>Alabama</b> 12/17/2010	
			_		WC INS AD (NCCI LO	DRKERS COMPENSATION SURER RATE FILING POPTION OF AL-2020-3 PSS COSTS FERENCE FILING ADOP	)
1.	INSURER N. Trumbull Insura						
	ADDRESS	One Hartford Plaza					
		Hartford, CT 06155					
	PERSON RE	ESPONSIBLE FOR FILING	Anne Bilo	deau			
	TITLE Pricin	ng Consultant		TEL	EPHO	NE # 860 547 6783	
2.	INSURER NAIC # 27120						
3.	ADVISORY	ORGANIZATION National Co	ouncil on Co	ompensation Is	surance	,	
4.		ORGANIZATION REFERE					
5.	The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.						
		s rates will be the combinati e constants specified in the			e loss (	costs and the loss cost i	multipliers
6.		SED RATE LEVEL CHANG		-2.4%		EFFECTIVE DATE	3/1/2011
		SED PREMIUM LEVEL CH		-2.3%	_	EFFECTIVE DATE	3/1/2011
7		SED LOSS COST MULTIP		0.981		EFFECTIVE DATE	3/1/2011
7.		E LEVEL CHANGE	-4.0		_%	EFFECTIVE DATE	3/1/2010
8.		UMMARY OF SUPPORTIN rate Summary for each insu					
will be and ex	The insurer hons of the advithe combination pense constant	E OF THE FOLLOWING: hereby files to have its loss isory organization's prospect of the advisory organization's specified in the attachments organization's prospective attaction.	ctive loss s prospecti . The rate	costs for th ve loss costs s will apply to	is line s and tl o polici	of insurance. The insu he insurer's loss cost multi es written on or after the e	rer's rates pliers ffective

effective date of the advisory organization's prospective loss costs. This authorization is effective until disapproved

☐ The insurer hereby files to have its loss cost multipliers and expense constants be applicable only to

by the Commissioner, or amended or withdrawn by the insurer.

the above ( \_\_\_\_\_\_) Reference Filing.

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				W IN AE ( <u>NCC</u> LC	2 12/17/2010  ORKERS COMPENSATION SURER RATE FILING DOPTION OF I AL-2020-3 DOSS COSTS EFERENCE FILING ADOF	)	
1.	INSURER N	AME nce Company, LTD					
	ADDRESS	One Hartford Plaza					
		Hartford, CT 06155					
	PERSON RI	ESPONSIBLE FOR FILING	Anne Bilodeau				
	TITLE Pricir	ng Consultant	Τſ	ELEPHO	ONE # 860 547 6783		
2.	INSURER N	AIC # 11000					
3.	ADVISORY ORGANIZATION National Council on Compensation Isurance						
4.	<u> </u>						
5.	The above insurer hereby declares that it is a member, subscriber or service purchaser of the named advisory organization for this line of insurance. The insurer hereby files to be deemed to have independently submitted as its own filing the prospective loss costs in the captioned Reference Filing.						
		s rates will be the combination e constants specified in the a		ive loss	costs and the loss cost	multipliers	
6.	A. PROPC	SED RATE LEVEL CHANG	E 2.4%		EFFECTIVE DATE	3/1/2011	
		OSED PREMIUM LEVEL CHA			EFFECTIVE DATE	3/1/2011	
	C. PROPC	OSED LOSS COST MULTIPL	_IER <u>1.145</u>		EFFECTIVE DATE _	3/1/2011	
7.	PRIOR RAT	E LEVEL CHANGE	-4.0	%	EFFECTIVE DATE	3/1/2010	
8.		UMMARY OF SUPPORTING rate Summary for each insur					
will be and ex date of effective	The insurer ons of the advite combination pense constant the advisory one date of the advisory	E OF THE FOLLOWING: hereby files to have its loss of isory organization's prospect of the advisory organization's ts specified in the attachments. It is represented by the advisory organization's prospection or amended or withdrawn by the hereby files.	ive loss costs for prospective loss co. The rates will applyments. The rates we loss costs. This	this line sts and the policity to policity will apply	of insurance. The insurer's loss cost multiles written on or after the of to policies written on or af	rer's rates ipliers effective ter the	

☐ The insurer hereby files to have its loss cost multipliers and expense constants be applicable only to the above ( \_\_\_\_\_\_\_) Reference Filing.